



Community Subsector Collective Agreement CLASSIFICATION REVIEW FORM

Name of Person(s) Initiating this Review Request: _____

If the review is for more than one employee please provide a complete list of claimants using additional pages if necessary

Home Address: *(Street, City, Prov, PC)*: _____

Phone: Home: _____ Work: _____ Cell: _____

Home Email: _____ Work email: _____

Employee Status: Full-Time Part-Time Casual

Current Job Title: _____ Grid: _____ Wage Rate: _____

Employer: _____

Location / Program / Worksite: _____

Current Benchmark Title(s): _____

I (we) submit that the above-noted job is inappropriately matched and more appropriately matches:

(Benchmark Title)

Reasons for job's present classification being inappropriate: (Use additional pages if necessary):

Signature of person(s) initiating this review request: _____

In accordance with the Maintenance Agreement, Clause 7.3 the Employer must review this Classification Review Form and notify the Union and HEABC of its determination in writing within 30 calendar days.

Employer Received Classification Review Form on (Date): _____

GENERAL INSTRUCTIONS

To request a classification review, please complete this form and fax or email it along with your job description (if available) to each of the following:

1. Employer / Agency
2. Union Headquarters: c/o Community Health Classification, BCGEU via fax #: 604-294-5092;
or
via email: commhealth.classifications@bcgeu.ca; or via "Email to Union"
on PDF form